UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

1

REQUEST FOR PATENT FEE REFUND \$60524371						
1 Date of Request: 2 Serial/Patent #						
3 Please refund the following fee(s):		4 PAI NUM	PER MBER	5 DATE FILED	6 AMOUNT	
	Filing					\$ 250
	Amendment					\$
	Extension of Time					\$
	Notice of Appeal/Appeal					\$
	Petition			•		\$
	Issue					\$
	Cert of Correction/Terminal	l Disc.				\$
	Maintenance					\$
	Assignment				·	\$
	0ther					\$
		7 TOTAL AMOUNT SASC		\$250		
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
	Overpayment		X	C	redit Depo	osit A/C #:
	Duplicate Payment	:		9 5	TO 3	19/
	No Fee Due (Explanation):					
· ·						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: TITLE: Yarq of all						
SIGNATURE: PHONE: PHONE: 05/23/2925, PKINNELL 1550/23/						
#2722/2885 GFREY1						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: DATE:						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B